Standards for Public Health in Washington State (Final 6/25/06)

The Standards cover key aspects of public health, selected because they represent protection that should be in place everywhere:

- Understanding health issues
- Protecting people from disease
- Assuring a safe, healthy environment for people
- Promoting healthy living
- Helping people get the healthcare services they need

Department of Health/State Board of Health Measures

Please see the Performance Management Glossary for definitions of terms used in the Standards and Measures.

Standard 1: Community Health Assessment

Data about community health, environmental health risks, health disparities and access to critical health services are collected, tracked, analyzed and utilized along with review of evidence-based practices to support health policy and program decisions. (AS STANDARD 1, AS STANDARD 2, EH STANDARD 3, PP STANDARD 1, AC STANDARD 2)

New Number	Measure	Old Numbers	Comments
1.1 S (Corresponds to 1.1 L)	Health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services, are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available, but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.	AS 1.4 S AS 2.2 S EH 3.1 L EH 3.2.S	Combines AS 1.4 S with requirements in AS 2.2 and EH 3.2 L. Standardizes reference to health data and core indicators per the glossary. Health disparities added from review of NACCHO definitions
1.2 S (Corresponds to 1.2L)	There is a planned systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to: • Signal changes in health disparities and priority health issues • Identify emerging health issues • Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • Perform gap analyses comparing existing services to projected need for services (these may be statewide or regional) • Develop recommendations for policy decisions, program changes, or other	AS 2.2 S AS 2.3 S AS 4.2 S CD 1.4 S PP 3.2 S	Combines components of AS 2.2 S, AS 2.3 S AS 4.2 S, AS 4.3 S, CD 1.4 S and aligns with LHJ version. Health disparities added from review of NACCHO definitions. Gap analysis expands beyond PP.

New Number	Measure	Old Numbers	Comments
	actions		
1.3 S (Corresponds to 1.3L)	There is written documentation that the health data analysis above results in the development of recommendations regarding health policy and program development. There is written documentation that shows what health data was used to guide health policy decisions. LHJs are involved in development of state level recommendations that affect local operations.	AS 2.3 S AS 4.3.S	Revised for clarity, separated from other components of the measures
1.4.S	Coordination, with LHJs and other key stakeholders, is provided in the development and use of statewide health indicators and data standards, including definitions and descriptions.	AS 1.1 S EH 3.1.S	Separates data coordination role from TA and consultation and incorporates EH measure.
1.5.S (Corresponds to 1.5L)	Written descriptions are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding health data collection and analysis; written documentation demonstrates that consultation and technical assistance have been provided.	AS 1.1 S AS 1.2 S	Combines consultant /TA component of AS 1.1 S, TA for program evaluation split off to Evaluation standard.
1.6 S (Corresponds to 1.6L)	Statewide or regional assessment meetings and trainings are convened to expand available assessment expertise and provide a forum for peer learning and exchange on the practice of community health assessment. Meeting content and attendance is documented.	AS 1.5 S	Separates RAM from individual training and experience.
1.7 S	Statewide health indicators are tracked at the county and state levels. DOH provides reports that include trend analysis over time to LHJs and other stakeholders. FREQUENCY TO BE RECOMMENDED BY HEALTH INDICATOR SUBCOMMITTEE	AS 2.1 S	Revised to reflect standardized wording and recommendations regarding the development of statewide health indicators.
1.8 S	Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about evidence based practices in addressing health issues.	PP 1.1 S	Broaden beyond prevention.
1.9 S (Corresponds to 1.7L)	When appropriate, there is collaboration with outside researchers engaging in research activities that benefit the health of the community, including: • Identification of appropriate populations, geographic areas or partners • Active involvement of the LHJ and/or community • Provision of data and expertise to support research • Facilitation of efforts to share research findings with state stakeholders, the community, governing bodies and policy makers.	NEW	The one aspect of the NACCHO operational definitions that was not addressed in previous standards and measures.

Standard 2: Communication to the Public and Key Stakeholders

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly. (CD STANDARD 4, EH STANDARD 1, PP STANDARD 3, AC STANDARD 1)

New Number	Measure	Old Numbers	Comments
2.1.S (Corresponds to 2.1L)	Communication activities include increasing public understanding of the mission and role of public health.	PROPOSED AD 4.10 L	This seems appropriate for state as well as local
2.2.S (Corresponds to 2.2L)	Current information is provided to LHJs and/or the public on how to contact DOH to report a public health emergency or environmental health risk 24 hours per day. Phone numbers for weekday and after-hours emergency contacts are available to law enforcement and appropriate state agencies. Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.	CD 1.1 S CD 2.1 S EH 2.1.S	Combines CD. 1.1 S, CD 2.1 S and EH 2.1.S Aligns to LHJ language.
2.3.S (Corresponds to 2.3L)	A communication system is maintained for rapid dissemination of urgent public health messages to the media, LHJs, other state and federal/national agencies and key stakeholders. State-issued announcements are shared with LHJs in a timely manner.	CD 4.1 S CD 4.2 S	Combined and reworded slightly.
2.4 S	Consultation and technical assistance is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak, environmental health event or other public health emergency; written documentation demonstrates that consultation and technical assistance have been provided.	CD 4.2 S	Split consultation from rapid dissemination in CD 4.2 S.
2.5 S (Corresponds to 2.5L)	Roles are identified for working with the news media; written statements identify the timeframes for communications and the expectations for all staff regarding information sharing and response to questions.	CD 4.3 S	Need to be clear regarding expectations of direct service staff as well as lead communicators regarding how to handle information requests.
2.6 S (Corresponds to 2.6L)	Written directions outline the steps for creating and distributing clear and accurate public health alerts and media releases.	CD 4.3 S	Separates roles and expectations from steps for creating health alerts.
2.7 S (Corresponds to 2.7L)	Readily available public information includes health data, information on environmental health risks, communicable disease and other threats to the public's health.	AS 1.1 L AS 1.4 L	Rewords AS 1.1.L to conform to data descriptions and incorporate other measures that provide information to the public. Parallel application for DOH.
2.8 S (Corresponds to 2.8L)	Information is available about public health activities, including educational offerings, reporting and compliance requirements, through brochures, flyers, newsletters, websites, or other mechanisms.	EH 1.1 S	Broaden reference beyond EH.
2.9 S (Corresponds to 2.9L)	Written policies, permit/license application requirements, administrative code, and enabling laws are available to the public.	EH 4.1 S	

New Number	Measure	Old Numbers	Comments
2.10 S (Corresponds to 2.10L)	Public materials and/or interpretation assistance address diverse populations, languages and literacy, as needed.	PP 4.2 L	Separate diversity from how to select appropriate materials, adds literacy and expands from prevention materials to all materials

Standard 3: Community Involvement

Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities and gaps in healthcare resources/critical health services. (AS STANDARD 4, PP STANDARD 2, AC STANDARD 3)

New Number	Measure	Old Numbers	Comments
3.1.S (Corresponds to 3.1L)	There is documentation of community and stakeholder involvement in the process of reviewing health data and the set of core indicators and recommending action such as: • Further investigation • New program efforts • Policy direction • Prevention priorities	AS 4.1 S PP 2.1 S	Reword for clarification. Standardize reference to health data and core indicators. Combines measures regarding community involvement.
3.2 S (Corresponds to 3.2L)	Current analysis of gaps in critical health services, gaps in prevention services, and results of program evaluations are reported to LHJ s, appropriate state, regional, and/or local stakeholders and/or to state level colleagues, and used in building partnerships.	PP 3.3 L	Pulls out the specific "sharing knowledge" component from PP 3.3. L and applies to all programs and activities. Parallels state measure to local.
3.3 S	DOH collects information about successful community involvement and capacity building. These examples are shared with other DOH programs, LHJs and stakeholders.	PP 2.2 S	Broadens scope from focus just on PP

Standard 4: Monitoring and Reporting Threats to the Public's Health

A monitoring and reporting process is maintained to identify emerging threats to the public's health. Investigation and control procedures are in place and actions documented. Compliance with regulations is sought through education, information, investigation, permit/license conditions and appropriate enforcement actions. (CD STANDARD 1, CD STANDARD 3, EH STANDARD 4)

New Number	Measure	Old Numbers	Comments
4.1.S (Corresponds to 4.1L)	Health care providers and labs, including new licensees, are provided with information on notifiable conditions, timeframes and specific, current 24-hour DOH contact information, in the form of a designated telephone line or a designated contact person.	CD 1.2 S	Separates LHJ consultation into separate measure
4.2 S	Clinical labs are provided written protocols for the handling, storage, and	CD 3.1 S	Separates lab protocols from LHJ

New Number	Measure	Old Numbers	Comments
	transportation of specimens.		consultation.
4.3 S	Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.	CD 2.3 S	
4.4 S	Written procedures are maintained and disseminated for LHJs and other stakeholders regarding how to obtain state or federal consultation and technical assistance. Assistance includes monitoring, reporting, and disease intervention management during outbreaks, environmental health events or other public health emergencies. Written documentation demonstrates that consultation and technical assistance have been provided.	CD 1.2 S CD 1.3 S CD 3.1 S CD 5.1 S	Combines consultation from CD 1.2 S with CD 1.3 S and CD 3.1 S and broadens reference beyond CD. Accuracy and clarity of messages in communication consultation.
4.5 S (Corresponds to 4.5L)	A statewide database for notifiable conditions is maintained with uniform data standards and case definitions that are updated and published at least annually. Data are submitted to other state or federal agencies as required. Notifiable conditions data are summarized and disseminated to LHJs at least annually.	CD 1.5 S	Slightly revised.
4.6 S (Corresponds to 4.6L)	DOH leads statewide development of a standardized set of written protocols for notifiable conditions, outbreak investigation and control. Condition-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating investigations), reporting requirements, contact and clinical management including referral to care. Evidence based practices relating to the most effective population-based methods of disease prevention and control are provided to LHJs and other stakeholders for incorporation into protocols.	CD 3.1 S CD 3.2 S	Templates removed from reference here and included in 4.7 S measure. Research language from CD 3.2 added here. Standard reference throughout to EBPs rather than research. Language regarding state statutes clarified.
4.7 S (Corresponds to 4.7L)	A process is in place for the public to report public health concerns. Information is referred, tracked and/or shared with appropriate local, state, tribal, regional lead, and federal/national agencies.	EH 3.2 S	Clarifies and creates parallel LHJ measure
4.8 S	Model plans, documentation and evaluation templates for response to disease outbreaks, environmental health events or other public health emergencies are developed and disseminated to LHJs. Information about best practices in environmental health investigation/compliance is gathered and disseminated, including protocols, time frames, interagency coordination steps, hearing procedures, citation issuance and documentation requirements.	CD 5.2 S EH 4.2 S	Broadens reference beyond CD, combines with similar EH measure
4.9 S (Corresponds to 4.4L)	Written procedures delineate specific roles and responsibilities for DOH's response to disease outbreaks, environmental health events or other public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	CD 2.2 S	Broadens reference beyond CD.
4.10 S	BOH and/or DOH lead statewide development of statutes and regulations that address notifiable conditions, environmental health risks and other threats to the public's health.	CD 3.2.S	Separates statutory/regulatory development authority from protocol development
4.11 S	There are written procedures, which conform to state laws, to follow for DOH's	EH 4.3 S	Clarify investigation/compliance as overall

New Number	Measure	Old Numbers	Comments
(Corresponds to 4.9L)	investigation/compliance actions. The procedures specify case investigation steps (including timeframes for initiating the investigation) and the type of documentation needed to take an enforcement action.		activity, enforcement as a sub-activity. Broaden to cover all types of DOH investigation and compliance activity.
4.12 S (Corresponds to 4.8L)	A tracking system documents DOH's investigation/compliance activities from the initial report, through investigation, findings, and compliance action, and subsequent reporting to state and federal agencies as required.	EH 4.5 S	Clarify investigation/compliance rather than enforcement. Conforms language to LHJ measure. Broaden to all DOH activities.

Standard 5: Planning for and Responding to Public Health Emergencies

Emergency preparedness and response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental health risks, natural disasters and other events that threaten the health of people. (CD STANDARD 2, EH STANDARD 2)

New Number	Measure	Old Numbers	Comments
5.1.S	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness for environmental health risks, natural disasters or other threats to the public's health. Written documentation demonstrates that consultation and technical assistance have been provided.	EH 2.3 S	Separates evaluation from consultation procedures. Conform to other consult and TA measures.
5.2 S (Corresponds to 5.2L)	Environmental health risks, communicable disease outbreaks and other public health emergencies are included in the DOH public health emergency preparedness and response plan (EPRP). The EPRP describes the specific roles and responsibilities for DOH programs/staff regarding response and management of disease outbreaks, environmental health risks, natural disasters or other threats to the public's health. The DOH EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Drills, after-action reviews and revisions, if necessary, are documented.	EH 2.2 S EH 2.3 S EH 2.4 S	Clarify scope of issues for EPRP. Remove after-action to separate measure in Evaluation. Combines and reorganizes components of EH 2.4 S and conforms language to PHEPR.
5.3 S (Corresponds to 5.3L)	DOH leads state level public health emergency planning, exercises and response/restoration activities and fully participates in planning, exercises and response activities for other emergencies in the state that have public health implications.	NEW	New language from NACCHO definitions.
5.4 S (Corresponds to 5.4L)	Public health services that are essential for the public to access in different types of emergencies are identified. Public education and outreach include information on how to access these essential services.	EH 2.3 L	Clarify scope beyond EH and at state level as well as local. Replace critical so as not to confuse with BOH adopted Critical Health Services.
5.5 S (Corresponds to 5.5L)	New employees are oriented to the EPRP and the EPRP is reviewed annually with all employees.	EH 2.5.S	Separates training from risk communication, training is now in 10.4. The measure here emphasizes review of plan with all staff.

Standard 6: Prevention and Education

Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion, healthy child and family development, as well as primary, secondary and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector borne) and injuries. Prevention, health promotion, health education, early intervention and outreach services are provided. (PP STANDARD 4, PP STANDARD 5)

New Number	Measure	Old Numbers	Comments
6.1 S (Corresponds to 6.1L)	Key components of programs and activities are identified and strategies developed for prevention and health education activities, whether provided to individuals, families, or the community, directly by DOH, LHJs or through contracts with community partners. Strategies are evidence-based or promising practices whenever possible.	EH 1.4 S	One component of EH 1.4 S, conform first component to LHJ language, broaden reference beyond EH
6.2 S (Corresponds to 6.2L)	Prevention priorities are the foundation for establishing and delivering prevention, health promotion, early intervention and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of health data, as well as statewide issues, funding availability, experience in service delivery, and information on evidence based practices are used to develop prevention priorities and reduce health risks.	PP 1.3 S PP 5.1 S	Combine components of PP 1.3 S with PP 5.1 S, and conforms to LHJ language.
6.3 S (Corresponds to 6.3L)	Prevention and health education information of all types (including technical assistance) is reviewed at least every other year and updated, expanded or contracted as needed based on revised regulations, changes in community needs, evidence-based practices and health data. There is a process to: ▪ Organize materials ▪ Develop materials ▪ Distribute or select materials ▪ Evaluate materials ▪ Update materials	PP 5.3 S EH 1.3 S	Combines PP 5.3 S and EH 1.3 S, adds EBPs and health data as basis for change. Conforms to LHJ language.
6.4 S (Corresponds to 6.4L)	There is a range of methods in place to implement population based prevention and health education in partnership with the community and stakeholders.	EH 1.2 S	Combines EH 1.2 S with remaining concept from PP 5.2 L, places all in a larger context. Detailed listing can go into self evaluation examples: • Technical assistance • Workshops and forums that build knowledge and skills • Train the trainer workshops • Peer education • Social marketing campaigns

New Number	Measure	Old Numbers	Comments
6.5 S	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other stakeholders regarding prevention policies and/or initiatives, including the development, delivery or evaluation of prevention programs and activities. Written documentation demonstrates that consultation and technical assistance have been provided.	AS 3.1 S PP 1.2 S PP 4.1 S PP 5.2 S	Revised to conform language, integrates PP 4.1
6.6 S	A statewide plan for prevention identifies efforts to link public and private partnerships into a network of prevention services.	PP 2.3 S	
6.7 S	Prevention, health promotion, early intervention and outreach services and activities are reviewed for compliance with evidence based practice, professional standards, and state and federal requirements.	PP 4.2 S PP 5.2 S PP 5.3 S	Combines measures and conforms language
6.8 S	DOH supports best use of available resources for prevention services through leadership, collaboration and communication with partners. Information about prevention evaluation results is collected and shared statewide and there is a process to inform LHJs and other stakeholders about prevention funding opportunities.	PP 3.1 S PP 4.1.S PP 5.2 S	Revised to conform language and adds a component from PP 4.1

Standard 7: Helping Communities Address Gaps in Critical Health Services

Public health organizations convene, facilitate and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process. (AC STANDARD 3)

New Number	Measure	Old Numbers	Comments
7.1 S	A list of critical health services is established and statewide access performance measures are established and tracked. Data is collected on the access performance measures, analyzed and reported to the LHJs and other stakeholders.	AC 1.1 S	Revised to eliminate reference to core set of measures, clarify relationships to other stakeholders besides LHJs, clarify performance measures.
7.2 S	Summary information is provided to LHJs and other organizations about availability/numbers of licensed health care providers, facilities and support services. Contact information is provided to LHJs regarding newly licensed/moved providers and facilities that are required to report notifiable conditions.	AC 1.2 S AC 4.1 S	Narrow and focus AC 4.1.S to something DOH could do to assist LHJs—keep them updated on new licensed providers in their community
7.3 S	Written descriptions are maintained and disseminated on how to obtain consultation and technical assistance for LHJs or communities; these describe how to gather and analyze information about barriers to accessing critical health services. Written documentation demonstrates that consultation and technical assistance have been provided.	AC 2.1 S AC 2.2 S	Combines measures and conforms language, but separates this consultation from general assessment consults and TA.
7.4 S (Corresponds	Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified	AC 2.3 S	Clarified relationship to assessment and adds surveys, conforming with LHJ measure.

New Number	Measure	Old Numbers	Comments
to 7.3 L)	through analysis of the results of periodic surveys and other assessment information.		
7.5 S	Periodic studies regarding workforce needs and the effect on critical health services are analyzed and disseminated to LHJs and other stakeholders.	AC 2.4 S	Conforms stakeholder language.
7.6 S (Corresponds to 7.4L)	Program and activity planning processes, contracts and access initiatives reflect coordination of health service delivery among health care providers as well as linkage of individuals to medical homes.	AC 3.2 S	Reworded to clarify and conform to LHJ measure,
7.7 S	Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.	AC 3.1 S	
7.8 S	Protocols are developed for implementation by LHJs, state agencies, and other stakeholders to maximize enrollment and participation in available insurance coverage.	AC 3.3 S	Slight rewording.

Standard 8: Program Planning and Evaluation

Public health programs and activities identify specific goals, objectives and performance measures and establish mechanisms for regular monitoring, reporting, and use of results. (AS STANDARD 3, CD STANDARD 5)

New Number	Measure	Old Numbers	Comments
8.1 S (Corresponds to 8.1L)	There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, competencies, skills, and abilities for staff working in the program are identified. Consultation to LHJs or other stakeholders is addressed in goals, objectives, and/or performance measures.	AS 3.2 S CD 3.4 S PP 3.2 S PP 4.2 S PP 4.3.S PP 5.3 S PP 5.4 S	Combines multiple measures regarding program goals and objectives. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.
8.2 S (Corresponds to 8.2L)	Program performance measures are tracked, the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.	AS 3.3 S AS 3.5 S PP 1.4 S PP 4.3.S PP 5.3 S PP 5.4 S	Combines AS 3.3 S with AS 3.5 S., PP 1.4 S and PP 4.3 S.
8.3 S (Corresponds to 8.3L)	Additional sources of information, including experience from service delivery, funding availability, and information on evidence based practices are used to improve services and activities. Experience from service delivery may include public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities.	EH 3.3 S PP 5.4 S	Revised to be consistent with other evaluation measures. Component from measure PP 5.4 S, expanded beyond PP activities and conformed to LHJ language
8.4 S	Where specific community collaborative projects are initiated, including those	AC 3.4 S	Revised to be consistent with other

New Number	Measure	Old Numbers	Comments
(Corresponds to 8.4L)	addressing access to critical health services, there is analysis of data, establishment of goals, objectives and performance measures, and evaluation of the initiatives.		evaluation measures. Expands to community collaborations beyond those focused on access.
8.5 S (Corresponds to 8.5L)	Customer service standards are established for all employees with a job function that requires them to interact with the general public, stakeholders and partners. Staff and program performance measures are established and evaluation of customer service standards is conducted.	PROPOSED AD 4.11S	Revised to be consistent with other evaluation measures and suggested for state as well as local.
8.6 S (Corresponds to 8.6)	Workshops, other in-person trainings (including technical assistance) and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.	EH 1.5 S PP 5.4 S	Combined with ideas in LHJ version and broadened beyond EH
8.7 S	Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement.	PP 4.4 S	
8.8 S	Written descriptions are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding program evaluation; written documentation demonstrates that consultation and technical assistance have been provided.	AS 1.2 S AS 3.1 S	Combines evaluation component of AS 1.2 S with AS 3.2 S.
8.9 S (Corresponds to 8.7L)	An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health or other investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/compliance procedures or other program protocols.	CD 3.3 S EH 4.4 S	Combines self-audit measures from CD and EH and expands concept as applicable to other programs.
8.10 S	Coordination is provided for a state and local debriefing to evaluate extraordinary events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide.	CD 5.1 S	
8.11 S (Corresponds to 8.8L)	An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of vital public health services. Communicable disease, environmental health and other public health staff are included in the evaluation and feedback is solicited from appropriate stakeholders, such as hospitals, providers and involved community organizations.	EH 2.2 S EH 2.3 S	Combines after-action from measures EH 2.2 S and EH 2.3 S. Clarifies who is involved. Clarifies references to environmental events and natural disasters.
8.12 S (Corresponds to 8.9L)	Issues identified in after-action evaluations are used for process improvement in some or all of the following areas: • Monitoring and tracking processes • Disease-specific protocols • Investigation/compliance procedures	CD 4.4 S CD 5.3 S CD 5.6 S EH 2.2 S EH 2.3 S	Broaden beyond CD program and consolidates measures.

New Number	Measure	Old Numbers	Comments
	• Laws and regulations • Staff roles • Communication efforts • Access to vital public health services • Emergency preparedness and response plans • Other LHJ plans, such as facility/operations plan Recommended changes are addressed in future organizational goals and objectives.		

Standard 9: Financial and Management Systems

Effective financial and management systems are in place in all public health organizations. (AD STANDARD 1)

New Number	Measure	Old Numbers	Comments
9.1 S (Corresponds to 9.1L)	The budget is aligned with the organization's strategic plan, reflects organizational goals and is monitored on a regular basis. All available revenues are considered and collected.	AD 1.3 L/S AD 1.4 L AD 1.6 L.S	Drops AD 1.1 AD 1.2, and AD 1.5. Combines Proposed AD 1.3, Proposed AD 1.4, and Proposed AD 1.6 measures
9.2 S (Corresponds to 9.2L)	Contracts are reviewed for legal requirements. Contracts are monitored for compliance with performance requirements.	AD 1.7 L AD 1.8 L/S	Combines Proposed AD 1.7 and AD 1.8

Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce. (AD STANDARD 2)

New Number	Measure	Old Numbers	Comments
10.1 S (Corresponds to 10.1L)	Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.	AD 2.1 L/S AD 2.2 L/S AD 2.3 L/S AD 2.5 L/S	Combines Proposed AD 2.1, AD 2.2, AD 2.3 and AD 2.5 into a single measure. Most sites provided full HR policy manuals.
10.2 S (Corresponds to 10.2L)	Job descriptions are available to staff, performance evaluations are done and performance improvement plans exist that promote learning and development for individual employees. Each employee has a training plan that is updated annually and includes the training needed for competent performance of job requirements.	AD 2.4 L/S AD 2.5 L/S AD 2.6 L/S	Combines Proposed AD2.4, AD2.5, and AD 2.6. Eliminate AD 2.4 requirement for labor contracts as most sites demonstrated performance in 2005 field test.
10.3 S (Corresponds to 10.3L)	The organization has a written description of how it assures that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements.	AS 1.5 S CD 3.5 S EH 1.6 S	Shifts from site visitors checking of skills and experience to a checking that the organization has a process to match qualifications to position requirements.

New Number	Measure	Old Numbers	Comments
10.4 S (Corresponds to 10.4L)	Staff training is provided, as appropriate, including but not limited to the following topics: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Training is evidenced by documentation of learning content and specific staff participation or completion.	AS 1.5 S AS 3.4 S CD 1.6 S CD 2.4 S CD 3.5 S CD 4.5 S CD 5.5 S EH 1.6 S EH 2.5 S EH 4.6 S PP 2.4.S PP 4.5 S PP 5.5 S AD 3.7 L/S AC 4.2 S	Combines all training measures except for ERP training which is required of all staff and adds training plan and new content.
10.5 S (Corresponds to 10.5L)	There are written policies regarding confidentiality, including HIPAA requirements, and every employee required per policies has signed a confidentiality agreement.	AD 3.6 L/S AD 3.8 L/S	Moves requirements from Information Systems standard to Human Resources and combines Proposed AD 3.6 and AD 3.8 regarding policy and signed employee confidentiality agreements.
10.6 S (Corresponds to 10.6L)	Facilities and work processes are compliant with ADA requirements.	AD 1.9 L/S	Moved from Fiscal standard to Human Resources standard.

Standard 11: Information Systems

Information systems support the public health mission and staff by providing infrastructure for data collection, analysis, and rapid communication. (AD STANDARD 3, AS STANDARD 5)

New Number	Measure	Old Numbers	Comments
11.1 S (Corresponds to 11.1L)	Information technology documentation describes processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems, to address security, redundancy, and appropriate use. There is documentation of	PROPOSED AD 3.1 L/S	Clarifies that methods of documentation other than policies and procedures are acceptable.

New Number	Measure	Old Numbers	Comments
	monitoring these processes for compliance.		
11.2 S (Corresponds to 11.2L)	Computer hardware, software (e.g., word processing, spreadsheets with basic analysis capabilities, databases, email, and Internet access) and trained staff are available to assist public health staff.	AD 3.2 L/S AD 3.3 L/S AD 3.4 L/S	Combines Proposed AD 3.2, Proposed AD 3.3 and Proposed AD 3.4
11.3 S (Corresponds to 11.3L)	Strategies for use of future technologies are part of the organization's IS plan.	AD 3.5 L/S	
11.4 S (Corresponds to 11.4L)	The DOH program website contains, but is not limited to: • 24 hr. contact number for reporting health emergencies • Notifiable conditions line and/or contact • Health data and core indicator information • How to obtain technical assistance and consultation from DOH • Links to legislation, regulations, codes, and ordinances • Information and materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available • A mechanism for gathering user feedback on the usefulness of the website	NEW	Many sites used their website as source documentation for requirements in numerous measures. It is recommended that a new measure be added to the Administrative Standard for Information Systems to assess the contents of LHJ and DOH websites.
11.5 S (Corresponds to 11.5L)	Written policies, including data sharing agreements, govern the use, sharing and transfer of data within DOH and with LHJs and partner organizations; all program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	AS 5.1 S AS 5.2 S	Combines AS 5.1 S and AS 5.2 S

Standard 12: Leadership and Governance

Leadership and governance bodies set organizational policies and direction and assure accountability. (AD STANDARD 4, AC STANDARD 4)

New Number	Measure	Old Numbers	Comments
12.1 S (Corresponds to 12.1L)	The State Board of Health (SBOH): • Orients new members to SBOH and sponsors orientation for local BOHs • Sets operating rules including guidelines for communications with senior managers in local and state organizations • Votes on and documents actions it takes	PROPOSED AD 4.8 L	Measure has been clarified regarding operating rules, with communications as a subset but not the focus of the rules. Suggested applicable to SBOH as well as local BOHs.
12.2 S (Corresponds to 12.5L)	There are written guidelines for effective assessment and management of clinical and financial risk; the organization has obtained insurance coverage specific to assessed risk.	PROPOSED AD 4.2 L/S	Revised wording.
12.3 S (Corresponds to	An organization-wide strategic/operations plan is developed that includes: • Vision and Mission statements	PROPOSED AD 4.7 L/S	Conforms language regarding goals, objectives, etc., removes reference to

New Number	Measure	Old Numbers	Comments
12.6L)	• Goals, objectives and performance measures		program plans, now covered in Standard 8
12.4 S (Corresponds to 12.7L)	The strategic plan includes objectives regarding: • Assessment activities, and the resources needed, such as staff or outside assistance, to perform the work • Use of health data to support health policy and program decisions • Addressing communicable disease, environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations • Prevention priorities intended to reach the entire population or at-risk populations in the population.	AS 1.3 S AS 2.4 S CD 1.4 S CD 4.4 S CD 5.4 S PP 1.3 S	Combines multiple measures and revises for consistent language.
12.5 S (Corresponds to 12.9L)	There is a written quality improvement plan in which: • Specific objectives address opportunities for improvement identified through health data including the core indicators, program evaluations, outbreak response or after-action evaluations, or the strategic planning process • Objectives may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization • Objectives identify timeframes for completion and responsible staff • Objectives have performance measures established.	PP 3.3 S PROPOSED AD 4.5 L/S AC 4.3 S	Revised for consistent language and incorporates AC 4.3 S.
12.6 S (Corresponds to 12.10L)	Annual review of the quality improvement plan includes: • Performance measures are tracked, reported and used to assess the impact of improvement actions • Meaningful improvement is demonstrated in at least one objective • Revision of the plan with new, revised and deleted objectives is made based upon the review	NEW	Separate plan itself from annual review